CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. CANDIDATE / MS/MRS/MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Greg NAME Date Received **NICKNAME** LAST **SUFFIX** OCC RECEIVED A Casar JUL 15'19 PM1:10 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 300 W. Skyview Rd. MAILING Receipt # **ADDRESS** Amount Change of Address Austin, TX 78752 **Date Processed** Date Imaged CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Gustavo NAME NICKNAME LAST **SUFFIX** Garcia STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7401 Ophelia Dr. **ADDRESS** Austin, TX 78752 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER (512) 452-3857 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 Х 8th day before election Exceeded \$500 limit Final Report (Attach C/OH-FR) **PERIOD** Month Day Year Month Day Year COVERED 01/01/2019 **THROUGH** 06/30/2019 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) Austin City Council, District 4

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Casar, Greg	1.	4 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information of	e candidate's or officehold	der's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
,	_	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
i i		COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	LOANS, OR GUA	AL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ARANTEES OF LOANS), UNLESS ITEMIZED	AN PLEDGES,	0.00
	(OTHER THAN F	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS		AL EXPENDITURES OF \$100 OR LESS, UNLESS IT	EMIZED \$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES	\$	1,009.17
CONTRIBUTION BALANCE	REPORTING PE	W SACORDAMOS	\$	3,350.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	F THE LAST DAY	0.00
17 AFFADAVIT				
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 1s, Election Code. SUSAN HARRY Notary Public, State of Texas My Commission Expires July 23, 2019 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said (asa, this the day of, 20, to certify which, witness my hand and seal of office.				
Signature of office	per administeking	Printed name of officer administering	Title of officer adm	ninistering oath
Forms provided by To	xas Ethics Commission			orgion V/1 1 Oct01-4s

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 8				
18 FILER NAME Casar, Greg				
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT		
NAME OF SCHEDULE		30BTOTAL AMOUNT		
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	п	\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	-	\$		
4. SCHEDULE E: LOANS		\$		
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	s	\$ 1,009.17		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$		
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$,		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
,				

L							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event i Fees Food/E / - Gift/Av al Committee Legal s	KPENDITURE CATEGOI Expense Severage Expense vards/Memorials Expense Services Instruction Guide explains	Loan Repayn Office Overhe Polling Exper Printing Expe Salaries/Wag	nent/Reimbursement ead/Rental Expense nse inse es/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov	
1	Total pages Schedule F1: Sch: 1/5 Rpt: 4/8	2 FILER NAME Casar, Greg				3 Filer ID	
4	Date 03/21/2019	5 Payee name CFC Consulting	LLC				
6	Amount (\$) \$300.00	7 Payee address; PO Box 301074		; Zip Code			
L	1	Austin, TX 78703	3				
8	PURPOSE OF EXPENDITURE	(a) Category (See Cate Consulting Expe	gories listed at the top of this sch	edule) (b	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense compliance/reporting services	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officehold	der name C	Office sough	t	Office held	
	Date	Payee name					
L	05/17/2019	Facebook					
	Amount (\$) \$32.05	Payee address; 300 W. 6th St	City; State;	Zip Code			
		Austin, TX 78701	L				
	PURPOSE OF EXPENDITURE	(a) Category (See Cate Advertising Expe	gories listed at the top of this scho	edule) (b		outside of Texas. Complete Schedule T. , TX, officeholder living expense advertising	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	der name C	Office sough	t	Office held	
Г	Date	Payee name					
	04/29/2019	Facebook	*				
	Amount (\$) \$100.00	Payee address; 300 W. 6th St	City; State;	Zip Code	n		
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE	(a) Category (See Cate Advertising Expe	gories listed at the top of this sche	edule) (b		outside of Texas. Complete Schedule T. TX, officeholder living expense advertising	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officehold	der name O	Office sough	t	Office held	

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	EXPENDITURE CATEGORIES FOR BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
L	2 Shakaran Carrier Free Share Shakara	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:				
L	Sch: 2/5 Rpt: 5/8	Casar, Greg			
4	Date	5 Payee name			
L	04/24/2019	Facebook			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$25.00	300 W. 6th St			
L		Austin, TX 78701			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense social media advertising			
		Social modula da vortismig			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/OI	1			
F	Date	Payee name	=		
	04/05/2019	Facebook			
H	Amount (\$)	Payee address; City; State; Zip Code	-		
	\$20.00	300 W. 6th St			
		Austin, TX 78701			
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		social media advertising			
L					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
⊨			_		
	Date	Payee name			
┝	03/18/2019	Facebook	_		
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 300 W. 6th St			
	\$20.00	300 W. 601 St			
		Austin TV 70704			
L		Austin, TX 78701			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		social media advertising			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/OH				
			_		

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations M Candidate/Officeholder/ Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel Out of District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District			
Total pages Schedule	54 10 54 55 44 55			
Sch: 3/5 Rpt: 6/8				
4 Date	5 Payee name			
03/21/2019	Facebook			
6 Amount (\$) \$20	7 Payee address; City; State; Zip Code 300 W. 6th St Austin, TX 78701			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense social media advertising			
Complete ONLY if dire expenditure to benefit				
Date	Payee name			
01/11/2019	Facebook			
Amount (\$) \$10				
	Austin, TX 78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense social media advertising			
Complete <u>ONLY</u> if dire expenditure to benefit				
Date	Payee name			
01/07/2019	Facebook			
Amount (\$)	Payee address; City; State; Zip Code 300 W. 6th St Austin, TX 78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Social media advertising			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Accounting Expense
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Travel in District
Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 4/5 Rpt: 7/8 Casar, Greg 4 Date Payee name 05/28/2019 Facebook 6 Amount (\$) Payee address; City; State; Zip Code \$20.00 300 W. 6th St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense social media advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/12/2019 Facebook Amount (\$) City; Payee address; State; Zip Code \$35.12 300 W. 6th St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense social media advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/19/2019 Facebook Amount (\$) Payee address; City; State; Zip Code \$20.00 300 W. 6th St Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense social media advertising Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 5/5 Rpt: 8/8	2 FILER NAME Casar, Greg	Filer ID
4	Date	5 Payee name	
L	06/11/2019	Facebook	
6	Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 300 W. 6th St	
L		Austin, TX 78701	
8	PURPOSE OF EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense Vertising
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	06/07/2019	Facebook	
	Amount (\$) \$30.00	Payee address; City; State; Zip Code 300 W. 6th St Austin, TX 78701	
	PURPOSE OF EXPENDITURE	5	ide of Texas. Complete Schedule T. , officeholder living expense vertising
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
F	Date	Payee name	
	05/17/2019	Latham-Jones, Braden	
	Amount (\$) \$350.00	Payee address; City; State; Zip Code 711 Hyde Park Court	
		Austin, TX 78748	
	PURPOSE OF EXPENDITURE		de of Texas. Complete Schedule T. officeholder living expense nd
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held